



Receipt TFW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of

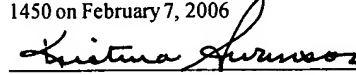
Applicant : Cynthia Roberts et al.  
Serial No. : 10/531,345  
Filed : April 15, 2005  
Title : CUSTOMIZED TRANSITION ZONE SYSTEM AND METHOD FOR AN  
ABLATION PATTERN  
Docket : OSU0010PA/41096.25  
Art Unit : 1600  
Confirm. No.: 8235

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313 1450 on February 7, 2006



Attorney Kristina E. Swanson

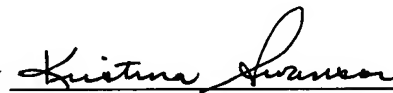
Reg. No. 53,657

**COMMUNICATION**

In reviewing the corrected filing receipt for the above-identified application, it was noted that the Applicant's city is incorrect on the filing receipt. "Albany" should be --New Albany--. The correct city is set out on the application filed on April 15, 2005.

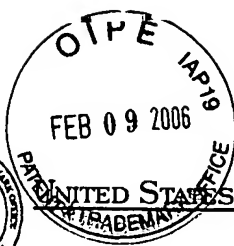
Applicants respectfully request that a corrected filing receipt accurately indicating the Applicant's city as designated by applicants on their application be issued and sent to the undersigned attorney.

Respectfully submitted,  
DINSMORE & SHOHL LLP

By   
Kristina E. Swanson  
Reg. No. 53,657

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KES/bab  
Encl.



## UNITED STATES PATENT AND TRADEMARK OFFICE

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APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/531,345	04/15/2005	1600	1000	OSU0010PA/41096.25	13	20	3

CONFIRMATION NO. 8235

23368  
 DINSMORE & SHOHL LLP  
 ONE DAYTON CENTRE, ONE SOUTH MAIN STREET  
 SUITE 1300  
 DAYTON, OH 45402-2023

CORRECTED FILING RECEIPT



\*OC000000017942002\*

AMW

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FEB 01 2006

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Date Mailed: 01/30/2006

**DOCKETED**  
 Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please mail to the Commissioner for Patents P.O. Box 1450 Alexandria Va 22313-1450. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

Cynthia Roberts, Columbus, OH;  
 Ashraf Mahmoud, Albany, OH;  
 New Albany

**Power of Attorney:** The patent practitioners associated with Customer Number 23368.

## Domestic Priority data as claimed by applicant

This application is a 371 of PCT/US03/32616 10/15/2003

## Foreign Applications

UNITED STATES OF AMERICA 60418511 10/15/2002

**If Required, Foreign Filing License Granted:** 01/30/2006

The country code and number of your priority application, to be used for filing abroad under the Paris Convention, is **US10/531,345**

**Projected Publication Date:** Not Applicable

**Non-Publication Request:** No

**Early Publication Request:** No

**Title**

Customized transition zone system and method for an ablation pattern

**Preliminary Class**

329

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